

SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

| | |
|----------------------------------|--|
| Application Type:: | Regular |
| Title:: | TEMPERATURE INDICATING ELECTROSURGICAL APPARATUS AND METHODS |
| Attorney Docket Number:: | CB-16 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 13 |
| Small Entity?:: | No |

Applicant Information

| | |
|--|--------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | France |
| Status:: | Full Capacity |
| Given Name:: | Jean |
| Middle Name:: | |
| Family Name:: | Woloszko |
| City of Residence:: | Austin |
| Country of Residence:: | US |
| Street of mailing address:: | 4 Wren Valley Cove |
| City of mailing address:: | Austin |
| State or Province of mailing address:: | Texas |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 78746 |

| | |
|---|------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Robert |
| Middle Name:: | H. |
| Family Name:: | Dahla |
| City of Residence:: | Sunnyvale |
| Country of Residence:: | US |
| Street of mailing address:: | 1342 Hollenbeck Avenue |
| City of mailing address:: | Sunnyvale |
| State or Province of mailing address:: | California |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 94087 |

| | |
|---|-------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Michael |
| Middle Name:: | A. |
| Family Name:: | Baker |
| City of Residence:: | Austin |
| Country of Residence:: | US |
| Street of mailing address:: | 1310 Barton Creek Blvd. |
| City of mailing address:: | Austin |
| State or Province of mailing address:: | Texas |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 78735 |

| | |
|---|-----------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | James |
| Middle Name:: | L. |
| Family Name:: | Pacek |
| City of Residence:: | Lakeway |
| Country of Residence:: | US |
| Street of mailing address:: | 116 Golden Bear Drive |
| City of mailing address:: | Lakeway |
| State or Province of mailing address:: | Texas |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 78738 |

Correspondence Information

| | |
|---|---------------------------|
| Correspondence Customer Number:: | 21394 |
| Name:: | ArthroCare Corporation |
| Street of mailing address:: | 7500 Rialto Blvd. |
| Street of mailing address:: | Building Two, Suite 100 |
| City of mailing address:: | Austin |
| State or Province of mailing address:: | Texas |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 78735-8532 |
| Phone number:: | (512) 391-3900 |
| Fax Number:: | (512) 391-3901 |
| E-Mail address:: | intel_prop@arthrocare.com |

Representative Information

Representative Customer Number:: 21394

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/445,405 | Feb. 5, 2003 |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| NONE | | | Yes |

Assignee Information

Assignee name:: ArthroCare Corporation
Street of mailing address:: 7500 Rialto Blvd.
Street of mailing address:: Building Two, Suite 100
City of mailing address:: Austin
State or Province of mailing address:: Texas
Postal or Zip Code of mailing address:: 78735-8532